

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

MIP RFA APPLICANT MEETING QUESTIONS & ANSWERS April 12, 2004

GENERAL

- 1. How many MIP Programs at \$100,00 to \$150,000 do you think you may fund?**

OFP will fund at least 20 projects. This MIP funding cycle, we will fund less agencies/projects, but they will be funded at higher levels.

- 2. Will a list of meeting attendees be posted along with the Q&A? This would be useful for collaborative efforts.**

No. We will post a list of the agencies that have submitted their Letters of Intent on the OFP website.

- 3. Because this is a MIP RFA and there is a strong emphasis on male youth, does this mean that females cannot participate in any of the interventions?**

The MIP targets male youth. The interventions should be designed specifically for this target population. However, if it is a community awareness strategy both males and females can participate.

- 4. May a large agency submit more than one application?**

Yes, however, each application must target a different geographic area.

- 5. Will you let existing MIP programs know ahead of time whether or not we are eligible to apply?**

No. OFP will not determine if a current MIP program is eligible to apply for funds. However, the OFP consultant will inform OFP funded programs if there are performance issues.

- 6. I ordered a FPACT provider list a week ago but I never received the list. I used the on-line form and emailed it. How do I follow up to see what happened to my request?**

There is a request form available. Please complete and submit it to OFP today and we will process your request.

7. Do you encourage or discourage subcontractors?

The agency needs to determine whether a subcontractor is needed to implement the proposed scope-of-work. It is up to the applying agency whether they choose to apply with subcontractors.

8. What if the “hot spot” we service is not ethnically diverse? Does a lack of diversity hurt us?

No. The agency needs to describe and justify in the needs assessment, why the target population selected needs the program.

9. Can we plan a boy/girl community event and designate a percentage of the funding of the event for the boys and include this in our application?

The community event must be planned to meet the MIP RFA goals and target population. However, females are allowed to attend community events and appropriate activities

10. What about a media campaign?

OFP will not fund media campaigns. However, media activities/efforts included can be conducted but must meet the MIP goals and be designed for the specifically the MIP target population.

11. We are a private non-profit faith based agency, but our mission is not sectarian. Can we apply?

Yes.

12. Is there a required number of youth we must reach for prevention education or overall, and what cost/youth ratio are you looking for?

No, there is not a required number of youth or cost/youth ratio. However, it's important to keep in mind a reasonable cost and the number of youth needed to meet the required match for evaluation.

13. Can we count both males and females for the prevention education strategy?

No.

14. What is a typical number of youth served under a MIP contract?

The agency needs to determine what numbers are realistic and the appropriate staffing and resources required for all selected strategies.

15. What is a typical cost per youth or cost per unit of service or is this considered?

We do not have a typical cost per youth or cost per unit established.

16. If so, is the cost different for each level of intervention?

The cost for each intervention is determined by the agency.

17. Can an agency be a lead in a grant submittal and a partner in another MIP collaborative?

Yes.

18. Thoughts on involving a small number of females? Is this permitted?

See answer on question 9.

19. Is there a maximum funding amount?

\$150,000 is the maximum amount to be awarded.

20. Will there be more \$100,000 grants as opposed to fewer \$150,000 grants?

We cannot determine the size and number of awards at this time.

21. Is the emphasis more on men or adolescents?

Each agency must define their target population. The target population can range up to 24 years of age.

22. How much weight is given to primary prevention over secondary prevention, i.e. fatherhood?

There is no weight assigned to primary or secondary prevention strategies and activities.

23. Does the county have to be a “Hot Spot” or can there be “Hot Spots” within a given county for consideration for funding?

No. A county does not have to be a Hot Spot. Yes. Consideration for funding will be given to Hot Spots within a county.

24. How many mandatory meetings will MIP have to attend?

At this time, minimally the leadership conference, evaluation meetings, and an orientation meeting. However, there may be more required meetings.

25. And how much would you recommend us to budget for?

Each agency needs to determine the amount to budget for the required meetings.

26. Who will be the central valley, Fresno MIP Consultant?

At this time we do not know.

27. Is there a list of current TPP programs by county?

Yes, it is on the OFP website. The website address is: <http://www.dhs.ca.gov/ofp>

28. Last funding process (TSO) only approved grants for projects in Hot Spot areas.

TSO awarded funds to agencies that were not in Hot Spot areas as well.

29. What is the likelihood that projects not in Hot Spots will be approved for funding?

There is a likelihood that programs not located in Hot Spot areas will be funded.

30. Will programs/agencies that emphasize working with female youth receive less consideration for funding?

Yes.

31. Will this Q&A section be reproduced on your website?

Yes.

32. Is there a match requirement?

No.

33. Will proposed match documentation enhance “projects” review?

A match is not required.

34. Is the \$100,000-\$150,000 award for one year or for the 3 years?

The award is for one year. Funding for additional years is dependent upon the State budget.

35. For organizations that have participated with MIP for several years, what changes in strategies or numbers (if any) would be expected?

We don't have expectations on strategies or numbers to be served.

- 36. Do programs have to serve males exclusively or do the majority of participants need to be males?**

Yes, males are the target population for the MIP RFA.

- 37. Does it make any sense for an agency in a county with a fairly low rate of teen pregnancy and a rather high median income to apply? We know that MIP is a relatively small funding source.**

This is an agency decision whether or not to apply for funding.

- 38. Will you be offering bidders conferences via web cast anytime in the near future?**

No.

- 39. On page 31 it reads “all products, materials and data developed within MIP funding must be reviewed by OFP before they are finalized, produced, use”. Please clarify what is subject to the approval process.**

Product examples include flyers, brochures, novelas, newsletters, reports, community event announcements, teen theatre skits developed by the program and curriculum used for the Prevention Education Strategy.

- 40. What is the likelihood of a new applicant receiving funds, especially when funds have been previously allocated to other county groups that will likely re-apply?**

This is an open and competitive process.

- 41. Why can't food be used as an incentive for all activities, such as youth community activity planning meetings or even collaborative alliance meetings?**

The purpose for providing food to participants is to encourage their participation for specific interventions. Up to one percent (1%) of your total grant award may be allocated for the purchase of food incentives. If food is purchased for health fairs, assemblies, or collaborative meetings more than 1% of the total budget will be needed. Thus, we encourage programs to secure contributions for food from local community vendors. Donations continue to be recommended in lieu of allocating funds.

- 42. What will be the cap for funding if an agency applies for both MIP & CCG?**

The OFP does not have a cap.

43. What is the probability of award if funded by general fund dollars?

The MIP funds are currently included in the proposed State Budget for FY 2004-2005.

44. Can the same agency submit 2 applications within LA County if they serve geographically different areas (rural vs. urban)?

Yes.

45. Will MIP funds be granted to more than one grantee per county?

Yes.

46. On page 29, under Funding Restrictions, it states that OFP funds cannot be used for treatment including condom distribution. Is there a conflict if a grantee uses non-OFP funds for condom distribution?

Distribution of condoms depends on the setting in which the education program is provided as well as the community acceptability. Condoms purchased with other funds may be distributed during appropriate MIP activities.

47. Page 12 of RFA states that: "Agencies may not submit multiple applications for the same region and/or geographic area. The only exception is for agencies serving in multiple counties/regions serving separate geographic areas." PHFE is a fiscal agent for over 100 agencies in the State of California. We have two completely separate programs that according to your map on page 63 in Teen Birth Rate Hot Spots in California, both serve LA County; however, one serves the San Gabriel Valley and the other the Antelope Valley.

Multiple applications may be submitted by the same organization for different geographic areas.

48. Can PHFE for these two different programs submit separate applications for this RFA?

Yes.

49. Page 32, #17 reads September 2004- date seems wrong.

This date is correct. The beginning date for the MIP programs is July 1, 2004. Negotiations will begin on July 1, 2004. The budget and grant agreement must be signed by September 2004.

ADMINISTRATIVE

- 50. My understanding is that there is a hold on all new contracts per the governor, is this MIP RFA exempt from this?**

The freeze exemption process is for the current FY 2003-04 MIP allocations.

- 51. Will forms/attachments be provided in “word” format?**

Only the Scope-of-Work (Attachment VIII) will be made available in “Word” format.

- 52. Is there a listing of state-approved curricula available?**

No, however, the MIP Resource document provided with the MIP RFA contains information regarding Curricula that has been used and evaluated.

- 53. Is it possible that the General Fund dollars that support MIP might be cut?**

At this time, the MIP funding for the entire amount is in the proposed 2004-2005 budget.

- 54. The Title X RFP contains many of the same concepts/strategies as MIP. Would OFP look favorably on a “mirror image” program with Title X?**

It is up to an agency to determine the program they want to submit for funding. However, these funds cannot be used to supplant existing funds.

- 55. At this time TSO contracts are being held up at DHS administration; what provisions is OFP making if this occurs with MIP?**

We are not expecting delays in issuing grants for FY 2004/05. If new requirements are imposed on State funds, OFP will notify affected Grantees of delays and expected outcomes. At this point, the Agency will have to make internal decisions about accepting the funds/grant agreements.

- 56. How much can be spent on food for youth participating in program activities.**

One percent of the budge may be used for food as an incentive. (See Addendum)

- 57. Regarding form Appendix III, IRS district letter, what is it explain?**

This refers to a letter acknowledging an Agency’s 501(c)(3) status.

- 58. A) If CCG is funding is put back in the May Revise Budget, will that eliminate an agency from being awarded MIP? B) Will there be a limit on combined funding awarded to MIP & CCG?**

A. No. B. No.

- 59. Will each grantee need to conduct a yearly audit for their local branch that receives funds from MIP?**

No. However, a single agency audit is required.

- 60. Since part of the MIP funding is coming from Title 19 funding, does that mean it will be eligible to participate in the FFP match?**

Half (50%) of the MIP funds is provided by Title XIX Federal Financial Participation (FFP).

- 61. If CCG funds survive budget cuts, and an agency is currently funded by CCG, can they still apply for and be awarded MIP funding?**

Yes, all programs are eligible to apply.

- 62. Page 12 (Under heading of Funding Levels) the paragraph states “if an agency plans to apply for future TPP funding....., please provide more information regarding this statement. Are we supposed to address this in this application?**

No.

- 63. Is the listing, for the current MIP programs, on the OFP website correct?**

Yes.

- 64. When will the Attachments be available on-line?**

By April 12th.

- 65. As of March 31, your website did not offer downloadable forms, will your website post downloadable forms soon?**

Downloadable forms are available as of April 12th.

- 66. RFA p. 12: Our currently OFP funded MIP program serves Orange County. If we want to expand our MIP program to serve San Bernardino County in addition to Orange; A) Can we apply to serve both counties? B) If so, do we submit two separate proposals or submit one proposal and indicate on Attachment I that our geographic service area is regional?**

A) Yes, you may apply to serve two counties. B) The agency can submit two separate proposals one for each service area.

APPLICATION PROCESS

- 67. If an agency receives CCG funding but not MIP are they considered to be a “new” or a “current” applicant?**

Definition of current and new applicant is defined on page 8 and 9 of the RFA. A “Current Applicant” is any agency funded by OFP as a Lead Agency through MIP, I&E, CCG, or TSO within the last three fiscal years. A “New Applicant” is an agency that has not been funded as a Lead Agency by MIP, I&E, CCG, or TSO within the last three years. A lead agency is defined as the Agency with whom the State has a formal written grant agreement.

- 68. What if there are more “adequate” applications than funding available, how do you decide who or what program to fund?**

The RFA is an open and competitive process and we anticipate this RFA will be highly competitive. OFP typically has many more applications that were deemed “adequate” and go unfunded. Refer to Page 26-27 Stage 4 “Funding Decision”, OFP will make the final determination based the following factors: 1) Teen Birth Rate Hot Spots. 2) Established need in geographic area; 3) Feasible and viable strategies; and 4) Geographic distribution of funds.

- 69. Our organization is currently funded through CCG, however we are establishing a new 501(c)(3). Are we going to be considered new or current applicants?**

A new 501(c)(3) agency will be considered a new applicant.

- 70. Why does the Notice of Intent ask you to check all the target populations that apply when the application only lets you serve a maximum of 3 populations?**

The Notice of Intent provides OFP with preliminary information regarding your intended application. Although there is six target populations, you should choose no more than three.

- 71. A) Must the tables, the logic model and organizational chart be done using a 12-point font? B) Are footnotes allowed within the narrative? How should references be handled? C) Is the logic model required in the narrative? D) Can one program for instance, an after –school program fulfill more than one strategy? E) To fulfill the Clinical Linkages strategy, are we supposed to include it on its own SOW page or is it included as an additional strategy within other programs?**

A) The tables, organizational chart, Scope of Work can be provided using a font size no smaller than 10. You have the option to include the logic model graph but you not required to submit the tool.

B) Your application should not include footnotes. You can cite references if applicable.

C) No, it is not required in the narrative, it is a recommended tool used for program planning.

D) No

E) Yes, the clinical linkage strategy is a separate strategy. Additionally, applicants can include some clinical linkage activities within the other strategies if applicable.

- 72. Do you want goals and strategies numbered as they are in the RFA or as they appear numerically in the proposal?**

Number them as they appear in the proposal. Font size for the Scope Of Work should be no smaller than 10.

- 73. In section III (section requirements) the clinical services linkages section is right after community collaboration and before community needs assessment, but in the applicant checklist, clinical linkages is listed after the needs assessment. Does the order matter? If so, what is the correct order? Also, on Attachment III it says there is a 6 Page limit for the project description although the section requirements state the project description may not exceed 6 pages. Which is correct?**

We will correct the applicant checklist. Clinical Service Linkage will be located after collaboration and before the community needs assessment. On the checklist for Project Description, the page limit will change to “not to exceed six (6) pages.” (See Addendum)

- 74. Would you consider changing page limitations for collaboration from 3 to 4?**

No.

- 75. Community Needs Assessment: this section requests a summary of strategies chosen and documentation that proposed goals, program design and activities are appropriate for target population. This info is also requested under I. Program Description questions 1&2. Do you want this info twice? If so, how are you expecting the answers to differ in each section?**

Yes. You would answer the questions to meet the section requirements.

- 76. For “new” applicants Attachment XII does “agency” mean “government agency” or could it be a foundation-funding source?**

Agency can be from a government, private organization, foundation or other funding source.

- 77. Can we use 3 reference forms that we obtained for the TSO grant in December?**

Yes, however, it must fulfill the requirements outlined on pages 25-26 of the RFA.

- 78. Are we able to use the school agreements that were submitted for the TSO proposal?**

No. You will need new school agreement forms for MIP to address your MIP Project and activities.

- 79. Is the number of goals selected in the RFA limited to three?**

No.

- 80. We are a fiscal agency for a specific program that is applying for these funds; for Attachments XIII and XIV should the fiscal agent or the program complete these forms?**

The fiscal agent of the program should complete the Incoming Funds and Anticipated Funds by source documents (Attachments XII & XIV).

- 81. If an agency is new and they do not have any references, does that mean they will not be considered?**

Yes, you may not submit an application if you are a new agency with no history of performance or references. A “New” applicant must fulfill the requirements of the RFA. Stage I will be reviewed for initial responsiveness and completeness of the application. Omissions of any required documents can lead to rejection and the application will not undergo a more complete substantive review. If an applicant cannot provide the minimum three references, the application will be deemed incomplete for Stage 1 and will not be reviewed any further.

- 82. Is there anything that needs to be completed on page 2 of Attachment VII (MIP Curriculum Profile) or is this only for the applicant reference?**

Information regarding the Attachment VII is provided on page 55 of the RFA.

- 83. Do we need to address all 6 goals of the RFA?**

No.

- 84. Are current applicants required to complete Attachment XII (Reference form)?**

No. A "Current" applicant, as defined on page 8 of the RFA, does not need to complete Attachment XII.

- 85. Related to use of References: In the narrative, should we cite references documenting needs, rationale for use of strategies, etc?**

Yes, You can cite references but keep in mind there is a limit to the number of pages for each section.

- 86. May the Needs Assessment Table and SOW be done in 10 pt. font?**

Yes.

- 87. Are agencies restricted to a maximum allocation from OFP?**

No.

- 88. Can the Needs Assessment summary be less than 12 pt. Font since there is a 3-page limit, many questions to respond to, and needs to document?**

Yes, the Needs Assessment Table can be no smaller than 10 font.

- 89. Can we substitute pages: 3 page vs. 4 page for collaborative section with 4 page vs. 3 page for needs section?**

No.

- 90. We were previously funded under CCG and have recently changed the lead agency. Is the new lead considered "new" or will it be considered a "current" since the project is not new?**

Refer to page 8 and 9 for the Definition of "Current" and "New" applicant and "Lead agency."

- 91. Can general letters of commitment obtained for TSO in December be used for this grant?**

No.

- 92. If one selects a strategy and its three sub-strategies must one offer a goal for each sub-strategy, or is a single overarching goal appropriate?**

An overarching goal is appropriate.

- 93. Page 50, E1, does “participants” refer to any client the organization serves or does it specifically refer to persons receiving services related to the target populations identified in our proposal?**

Under E1 on page 50, “Participant” refers to any clients or persons the organization serves.

- 94. Page 54, Top of page, Needs Assessment Table. Can this table be done in landscape format? And/or can one use a smaller font for the text included within the table?**

No. An applicant can use a font no smaller than size 10 font.

- 95. Page 54, 2a. This text doesn’t seem right: “or other youths adults serving in the community to be served... Please clarify.**

The word “serving” should be deleted. The text should read, “The prevalence of teen and unintended births, teen parents, absentee fathers and/or parents or other adults in the community to be served.” (See addendum)

- 96. Page 57, K 7th arrow: What is meant by a description of the application outline step-by-step?**

This should read “A description of the applicant’s step by step outline of how the agency plans to accomplish the three levels of Evaluation: Process, Statewide Outcome and Continuous Program Improvement requirements, including measurement tool development, data collection, data analysis and feedback”.

- 97. Attachment VIII: For one of our strategies we will be providing 15 5-part presentations. Under the minimum number of sessions/meetings/presentations/activities, should we put 15 or 75 (15 x5)?**

To clarify, for any type of education strategy, the number would reflect the total number of educational sessions. In your situation, this would be 15 and not the number of individual sessions a participant would need to complete. In your SOW activities, you would clarify this number.

98. Are AFLP providers eligible to apply for this MIP funding?

Yes.

99. Problems with scope of work form (Attachment VIII): Under “Is curriculum used” we are unable to erase the title “Reducing the Risk”: We are having difficulties entering the “total number of participants” goes back to zero when we print. We cannot save the completed forms onto our computer.

OFP will correct this. We will provide you with a “Word” version of the SOW. This will enable applicants to use and save the forms.

100. Which do you want, actual numbers or percentages when you ask for the breakdown of ages served and ethnic groups. Attachment IX, the sample scope of work form provides these #'s as percentages, but the blank form asks for whole numbers?

The sample SOW is incorrect. We will provide a copy of a new sample SOW in the RFA Addendum. You should use actual numbers in the Scope of Work. See page 56, Instructions for Scope of Work. (See addendum)

101. While we understand that the Clinical Linkage strategy is required to be part of all of our programs, it is unclear whether our SOW has to have one page dedicated solely to describing our Clinical Linkage strategy. Is it to be considered a separate SOW?

Yes.

102. If we have been a subcontractor previously for OFP, do we need to submit the reference forms from three references?

Yes.

103. With regard to Attachment IV, Project Profile, section 1a, there is space for only 6 census tracts. What should we do if we plan to target more than 6 census tracts?

An applicant can use a smaller font to include more census tracts or reformat the section of the project profile without exceeding the maximum page number requirements.

BUDGET

104. If we purchase a computer for \$4,999, can it be listed under General Expenses?

Yes.

- 105. Regarding the 50% minimum FTE staff positions, can the project director be less than 50% if she is also project director for other OFP TPP Projects?**

Staff positions must be funded from 50% to 100% FTE unless the applicant can justify funding a “new” or existing position at less than 50% FTE. (Page 59)

- 106. Does the minimum 50% FTE for positions apply to subcontractors?**

No.

- 107. Allowable indirect fees?**

Not to exceed 15%

- 108. Are incentives allowed as a budget line item?**

Yes.

- 109. Can some of the funds be used for incentives for youth to participate and to complete the surveys, etc?**

Yes.

- 110. Is case management an allowable expense?**

No.

- 111. Pg. 30, no new positions will be funded less than 50%. Does this mean the current staff could be funded for less?**

Staff positions must be funded from 50% to 100% FTE unless the applicant can justify funding a “new” or existing position at less than 50% FTE. (Page 59)

- 112. We sometimes use .25 FTE for our educators so we can diversify our team, will this be an issue for this MIP RFA?**

Staff positions must be funded from 50% to 100% FTE unless the applicant can justify funding a “new” or existing position at less than 50% FTE. (Page 59)

- 113. Will we be required to submit a detailed budget of subcontractors if over \$5000?**

Yes. The subcontractor’s detailed budget and justification must be included. (See Addendum)

- 114. Does the 50% FTE apply to high school students hired as Peer Educators or Outreach workers?**

No.

- 115. Under your budget justification (budget sample) your amount for food is \$2000, while your budget is \$149,982; the \$2000 is not 1%. Should this be corrected?**

Yes, attached is a revised sample budget.

- 116. Can an evaluator position be less than 50%FTE?**

Yes, staff positions must be funded from 50% to 100% FTE unless the applicant can justify funding a “new” or existing position at less than 50% FTE. (Page 59)

- 117. We would like to subcontract some activities that we believe are important to male involvement efforts in our community and are best provided by another agency. However, the activities do not warrant .50 FTE for this subcontract. Is it necessary to hire someone at 50% for these adjunct activities?**

No.

- 118. Does the application need to include the subcontractor’s budget and budget justification?**

Yes, if over \$5,000.

CLINICAL LINKAGES

- 119. How does an agency become a FPACT provider?**

To become a FPACT provider an agency must be a Medi-Cal provider in good standing, attend a Family PACT orientation, receive a Certificate of Attendance and submit the certificate along with your application packet. It takes approximately six months for applications to be processed.

- 120. Can we show that the target audience received “contraceptive education” from another source, like a school?**

No

- 121. Would that be sufficient to meet the requirements?**

No, your curriculum must be comprehensive.

- 122. A) With Clinical Linkage number’s is a clinical linkage more than a referral?
B) Does the client need to physically show up at the FPACT provider to count?**

A) Yes. B) Yes

123. What does FPACT stand for?

FPACT stands for: FAMILY PLANNING, ACCESS, CARE & TREATMENT

124. Do you have a list of the FPACT providers?

Yes, you can fill out the FPACT request form on the OFP website and submit it to OFP to fulfill your request.

125. What provision can be made for youth who are in foster care due to sexual abuse and part of their treatment is for the youth not to be sexually active. What can be done for FPACT referrals under these conditions?

Not all participants in an MIP program need clinical services referrals, especially if they are not sexually active. Clinical services referrals should be made only when the participants request the services and/or when appropriate to do so. Family PACT providers provide an assessment of risk, a health history and a physical examination whether a client is sexually active or not. These services are available to persons meeting the eligibility criteria of the Family PACT Program. The most important aspect of clinical services linkage is for MIP participants to know these services are available to them when they are ready to use them. The program's responsibility is to ensure there are Family PACT providers available to participants when they are ready to seek the services.

126. How in-depth does the clinical referral system need to be?

The clinical services linkage requirements are explained on page 42-53 of the RFA. Agencies must describe in depth the process developed to ensure participants needing clinical services will have access to them. The Process must be more than a mere referral to a Family PACT provider. The formal referral system should address issues around schedule and maintaining appointments, transportation, and the provision of teen sensitive services. (See addendum)

127. Is a letter from one provider enough?

One FPACT provider that has agreed to accept the projects referrals is sufficient.

128. How can clinic referral be "trackable"? What about confidentiality?

It is up to each agency to determine a tracking mechanism for clients referred to clinical services. Clinic referrals and the tracking system must adhere to federal HIPPA requirements.

129. If youth are in foster care and taken under supervision to Medi-Cal doctors, can these doctors be a part of the clinical linkages?

Yes, if they are a FPACT provider.

- 130. How do you show a scope of work page for the clinical linkages strategy if you are the FPACT provider and don't intend to use subcontractors? Just show a tracking system for referrals?**

All applicants must show in their Scope of Work page the process of how they will refer and track young males through clinical services.

- 131. Can you clarify; A) you said earlier that clients only count if they access clinical services? So, if you provide presentations to 100 males but only 10 use clinical services, only 10 count? B) Do you mean that there will be a separate tracking for clinical visits vs. other strategies?**

A. Yes. B. Client referrals can come from any of the strategies. It is up to the applicant to propose how your project will track young men to clinical services from project activities to clinical services.

COMMUNITY COLLABORATION

- 132. Can we be either a Collaborative Alliance or a Collaborative Partnership?**

OFP requires a Collaborative Alliance under the MIP RFA, however, if you are a current CCG agency and you have a Collaborative Partnership in place, you may continue operating it; however, MIP funds may not be used to support activities related to the collaborative Partnership.

- 133. Are letters of commitment requested or required of all collaborative who participate in the Alliance?**

Yes. (See page 52, Section F, #6)

- 134. If a Family PACT provider is part of my agency, is a Letter of Commitment still required?**

Yes.

- 135. Is there a minimum number of letters of commitment that is considered adequate?**

No.

- 136. For the Collaboration Alliance and Clinical Linkages, do we need to have and provide both the Letter of Commitment and MOU for each collaborator?**

You will need either the Letter of Commitment or the MOU.

- 137. If an applicant is not able to secure a letter of commitment from the county AFLP provider, will it affect their rating/percentage in the community collaboration section?**

Yes, it will affect the rating, if the applicant does note that the AFLP provider has declined a commitment to collaborate.

- 138. What does OFP consider to be a limited number of partners?**

There is not a limit to the number of partners that an applicant can include. OFP wants to ensure that; FPACT providers, AFLP/ASPPP, teen service providers and other partners, an applicant deems necessary to address the needs of the target population, participate in the collaborative process.

- 139. A) Is a school agreement form a requirement even if an agency is not providing any on-site services at a school? B) Why isn't the school agreement form also defined as "if applicable"? C) What would OFP recommend as a reasonable number of collaborators to secure for including letters of commitment? On page 41 regarding collaborative alliance it reads "identification of a paid project member who will have specific responsibilities to the collaborative alliance". D) Does this refer only to the lead agency or does a staff member have to be identified with each collaborative alliance partners and if so, is it acceptable to identify a position/title rather than a specific person at this time?**

- A.** No, school agreement forms are required if you are working with a school district.
- B.** If you aren't working with school districts, you don't need a School Agreement Form.
- C.** A number that an applicant feels will meet the needs of its participants.
- D.** At least one staff member of the lead agency who oversees the whole Collaborative Alliance is required; and yes, it is acceptable to identify by position/title at this time.

- 140. Do schools need both a School Agreement form and a Letter of Commitment/MOU (page 21, #8 reads LOC, SAF or MOU for each collaborator on the roster, but page 52, #6&7 reads that each organization listed on the roster must have a LOC or MOU)?**

Refer to letter F, #6 on page 52.

- 141. Are Letters Of Commitment, Memorandum Of Understanding's (MOU'S) and School Agreement Form's to be attached to the roster within the narrative section (as stated on page 52, #7 &8) or are they to be included in the attachments section following the narrative (as listed on the application checklist)**

Attach Letter of Commitments, Memorandum of Understanding to the MIP Project Collaborative Roster and place the School Agreement Forms in the attachment section.

- 142. Are Letters of Commitment required by all collaborators? Or are letters of support efficient?**

Letters of Commitments are required, not Letters of Support.

- 143. Can you talk more about what collaboration you expect with the FPACT Providers?**

Refer to page 53 in the RFA.

- 144. If you are currently a FPACT provider, do you need to include a letter of support in the RFA?**

Yes.

- 145. If one is both working in a school and providing that school with some funding (related to execution of program activities and scope of work), is a School Agreement Form and MOU required?**

Yes.

- 146. How important is it to the program design that community collaborators are involved in delivering services, as opposed to involved in defining community needs and in developing the application?**

The agency must determine how important it is for collaborators to be involved.

- 147. If we are proposing a multi-county program over a large geographical area do we need a community collaborative in each county or can we have one community with representation from each county served?**

An applicant may have one community representative from each county served if that type of collaboration is sufficient to meet the needs of the participants.

- 148. Can we use letters of commitment, MOU's and support letters from an AFLP provider that were written and submitted for last year's OFP I&E proposal?**

No.

COMMUNITY NEEDS ASSESSMENT

- 149. Is the chart at the top of the page 54 regarding community assessments going to count as part of the 3-page limit for the community assessment section?**

Yes

- 150. Community Needs Assessment: Should MIP's be described too?**

If you have received MIP funding in the last five years, you can include that data in your Community Needs Assessment.

- 151. How current must the needs assessment been implemented?**

Within the last 5 years.

- 152. Does the Logic Model graph have to be included in the narrative?**

No.

- 153. Community Needs Assessment: Are we expected/obligated to address all of the "hot spots" in our county or pick and choose and articulate our reasons for selecting a given area based on CA data in that area?**

No, only address those "hot spots" that will include your target population.

CURRICULUM

- 154. Is Jerry Tello's "Hombres Jovenes Con Palabra" considered an approved Prevention Education curriculum?**

Yes

- 155. Is CCG approved curriculum approved for MIP?**

Yes, however, it must be male sensitive and reflect MIP goals.

- 166. Is there a list of approved OFP curriculum that we can look at?**

No.

- 167. If no, who can we contact to find out the different curriculum approved by OFP?**

Please refer to the OPF Resource Document provided with the MIP RFA.

- 168. Can the curriculum requirement apply to the training of Peer Educators or does it have to be applied at the community/school level?**

No, it must be applied at the community/school level.

- 169. Please confirm that if an agency is currently MIP funded and using a self-generated curriculum, that curriculum is automatically considered OFP approved?**

Yes.

- 170. What, if any, is the approval process for curriculum that is not part of the required 8-hour prevention education?**

OFP requires that the implementation of any curriculum shall be reviewed and approved by OFP prior to use by MIP Projects (RFA – page 109). Please review Appendix IX – “Curriculum Guidelines”, Section III: Curriculum Review Requirements and Approval Process.

- 171. If one proposes to use a self-developed curriculum that is already approved by a school district for use (and which has undergone local CPI evaluation, but is not by a known author), is it likely that the curriculum will be acceptable to OFP, if adequate documentation and justification are provided?**

The Curriculum must fall into one of three categories (Attachment IX - “Curriculum Guidelines,” Section II: Definitions): Evaluated, Non-Evaluated or Modified. If a curriculum does not meet one of the three criteria, it will not be accepted.

- 172. If one proposes to use a school district’s curricula primarily for use in that district’s schools, but those curricula are not on the list of proven curricula, is it likely those curricula will be acceptable to the OFP, if adequate documentation and justification is provided?**

OFP has not produced a list of proven curricula. Please refer to Question #171 above. Review “Curricula Guidelines” (Appendix IX).

- 173. Page 34 of RFA indicates that “curricula selected should be previously developed and successfully applied” this language differs from page 109 Curricula Guidelines (Appendix IX) which makes a distinction between evaluated and non-evaluated and modified curricula. It indicates that MIP funds may be used for development or testing of non-evaluated or modified curricula, but also indicates that MIP funded agencies using evaluated or modified curricula must credit the original source.**

The definitions for Evaluated and Non-evaluated Curricula on page 109 are correct. MIP funds cannot be used to develop new curricula.

- 174. Are modified curricula allowable or not? If yes, do they already have to have been modified by another program? Or can applicants choose to compile 2 or more evaluated curricula (that have previously been compiled), in order to ensure responsiveness to a specific target population?**

Modified curricula is allowable. A modified curricula is one that had the content adapted to more effectively address the cultural, linguistic or the learning needs of the target population.

- 175. The document, Resources for Request for Application, includes a brief description of the Power Through Choices curriculum developed by UCB & OFP for youth in out-of-home care. This curriculum doesn't seem to be listed in those reviewed by Dr. Kirby. Does this curriculum cover an evaluated allowable curriculum under the MIP finding?**

"Power Through Choices" is an evaluated curriculum. Dr. Kirby's study was conducted on a select group of curricula and is provided for your reference and information. There are other curricula that are approved and appropriate for used with MIP projects.

- 176. Page 34 of the RFA indicates that "This strategy encompasses comprehensive sexuality education includes curriculum and activities that are directed solely for males" Few if any of the successful curricula evaluated by Dr. Kirby seem to be directed solely for males. Does this mean that unless an evaluated curriculum has been proven successful for programs serving only males, it will not be allowed?**

No, a curriculum can be adapted to meet local needs and specific target populations, as outlined on pages 109-112 of the RFA.

- 177. Is it correct to assume that these strictures regarding curricula apply only to curricula selected that deliver the required Comprehensive Sexuality Education? i.e. my agency is considering also offering a parenting curriculum for young fathers. Parenting curricula specifically targeting fathers are an emerging field, so these curricula might not qualify as being evaluated, as described on page 109.**

Yes.

- 178. We are considering using a modified version of Popular Opinion Leader, a curriculum the CDC promotes in their “Replicating Effective Program’s” website. The curriculum was originally written as an HIV/AIDS prevention program for young gay men. CDC states that the program may be modified for different populations so long as the Core Elements of the program are retained. We would be maintaining the core elements, but adapting the program to meet the needs and concerns of adolescent males (Core elements include: identifying and enlisting the support of popular and well-liked opinion leaders to take on risk-reduction advocacy roles)**

OFP will accept this curriculum if it meets the requirements defined as an “Evaluated Curriculum” or “Modified Curriculum” in Attachment IX, “Curriculum Guidelines”, Section II: Definitions.

- 179. Is there a required approval process; if so, what is it for a curriculum that is not part of the required 8-hour Prevention Education?**

The implementation of any curricula shall be reviewed and approved by OFP prior to use by MIP Projects.

- 180. Page 34 of RFA states it is “recommended” that programs include contraceptive education, but SB 71 says it is required. Your presentation today stated comprehensive sex education is required. Please clarify.**

A comprehensive sexuality education curriculum is required for the Prevention Education Strategy, this includes contraceptive education.

EVALUATION

- 181. Can the required 10-15% of budget for evaluation be completely built into staffing costs for the program (0.5-1.0 FTE positions)?**

Yes, it can. However, there are operating costs associated with the evaluation: travel (mileage), meetings, copying, duplicating, mailing, focus group testing, incentives for participants are costs you would need to consider.

- 182. Does the Continuous Program Improvement (CPI) tool have to be identified in the RFA or once funded?**

No, it will be required once funded.

- 183. Will the CPI requirement for project year 04-05 look the same for project year 03-04?**

Refer to page 45 for the requirements of the CPI for FY 2004-05.

184. If the CPI's are the same, can a local agency do something different?

Yes, local agency can pick a different CPI tool.

185. Does an outcome evaluation site have to be a school? Could it be a YMCA? Boys & Girls Club? Etc.

Yes. It can be a YMCA or Boys and Girls Club.

186. Please explain 15% allocation for evaluation. You only mentioned 2 evaluations - State and CPI, what is the 3rd Evaluation?

If you total budget is \$100,000, then you must allocate \$15,000 towards evaluation activities. The three evaluation levels are located on pages 44-45 of the RFA.

187. Under the education component you ask that we provide a narrative of the local evaluation plan, should that be a separate document and how detailed should it be?

Each section has a prescribed page limit.

188. What do they mean with step by step?

This should read "A description of the applicant's step by step outline of how the..." The description should address the steps you will take to accomplish the required activities.

189. The applicant must provide a Statewide Outcome, does that require addressing in the RFA?

Yes.

190. CPI, do we need to discuss it? Does that come after the funding, if it is provided by your agency?

Yes, you will need to describe how you will accomplish the CPI evaluation activities. The specific CPI tool does not have to be decided at this time.

191. Data Collection; is that the pre & posttest? Do we design the pre & posttest or do you?

The Statewide Outcome Evaluation requires the administration of a standardize Pre-and Post Test Survey. Under Continuous Program Improvement Evaluation (CPI), a fifth tool will be developed to look at how well an agency is meeting their objectives. This type of evaluation will look at your own locally developed tools (pre-post test surveys, if applicable)

192. Is the feedback loop CPI? If not, please give an example.

The purpose of the CPI is described on pages 45 and 46. CPI information provides an opportunity to assist agencies in improving aspects of their prevention education strategy. This helps build agency capacity by making program refinements based on the data produced through CPI.

REVIEW PROCESS

193. Will the selection process rely solely on the highest scored proposals or will proposals content be considered as well?

The applications will not be scored. Each application will undergo a detailed appraisal of its adequacy, thoroughness and degree to which it complies with the substantive RFA requirements of each section and the project as a whole. The appraisal will result in a score of "Adequate" or "Inadequate".

194. Is there a rationale for statewide funding? Based on hot spots? Statewide distribution? Strength of proposal?

Once an application passes Stage 3 review, the final decision to award a grant will be made in Stage 4. The final determination is based on four factors listed on page 26 of the RFA.

195. A) How do the readers and OFP determine a good cost effective proposal? B) Are all outreach contacts considered prevention education? C) Street outreach, health fairs, etc. If not which are considered?

A) Each application will be reviewed against a criteria outlined on pages 18-25. With each substantive review, the reviewers can make recommendations regarding the application. OFP will consider the reviewer's recommendation and our own recommendation if a decision to award is made.

B) No.

C) None of these are considered Prevention Education; the 8-hour curriculum is the Prevention Education.

196. If an applicant does not have subcontractors will it reduce their rating/percentage in the review process?

No.

STRATEGY

- 197. We have in the past conducted a local community activity. Should this be included in the SOW?**

The applicant would need to determine whether a community activity is appropriate for the proposed program

- 198. Can we use funds to train high school young women as peer educators to do presentations for middle school and high school males?**

No, please review the Peer Provided Strategy (7) definition on page 36 of the RFA which states, "This approach includes recruiting, training, supervising and assigning *male* adolescents to participate..."

- 199. In a teaching-mentoring situation if a student asks us about faith, religious or sectarian beliefs, can we answer the question?**

Programs implemented may not include nor discuss sectarian beliefs and/or information related to the doctrines of any religious group or organization.

- 200. Do all program participants need to be involved with the required strategies i.e. do all participants need to receive the 8 hour prevention education curriculum?**

No, not all program participants need to receive the 8-hour prevention education curriculum.

- 201. When choosing 4 required strategies, is the Clinical Service Linkage to be included in the 4; or would an organization choose their 4 strategies and actually have a total of 5 with the clinical linkage required strategy?**

The Prevention Education Strategy and the Clinical Linkage Services/Clinical Outreach Strategy are the two (2) required strategies in the RFA. These 2 strategies are included as part of the minimum number of strategies, four (4) required in the RFA.

- 202. For strategy #3, can caregivers of adolescents be older siblings?**

Yes.

- 203. Does the minimum/maximum number of strategies include the two required strategies?**

Yes

- 204. Strategy 5 seems to describe the entire MIP program, please describe it further as a unique strategy.**

Strategy 5, Male Involvement, is clearly described on pages 35-36 of the RFA. The purpose of this strategy was to give applicants the opportunity to propose unique activities that did not fit exclusively into any of the other strategies in the RFA.

- 205. Does the Service Learning component require that participants earn credit?**

No

- 206. If our agency has been using a given curriculum under an existing OFP I&E grant, but this curriculum is not on the MIP list, can we use it in our MIP program?**

Yes, however, it must be male sensitive and reflect MIP goals. Refer to pages 109-112 of the RFA.

- 207. What is the maximum number of sub-strategies that can be used for a strategy?**

There are not a set number of sub-strategies that an applicant can propose. However, if an applicant chooses more than one (1) sub-strategy under a strategy (e.g. 5a, 5b, 5c), it is considered only 1 strategy instead of 3 separate strategies. Therefore, if an applicant chooses sub-strategies 5a, 5b, and 5c, then the must select 3 additional strategies to satisfy the minimum requirement (2 of which must be Prevention Education and Clinical Linkages).

- 208. Prevention Education; is there a required number of youth that we are supposed to target under this strategy?**

No. Each agency must propose the number of youth to be served. This is dependent on the target population and geographic location of the project and need.

- 209. How will comprehensive sexuality education under MIP be different from that offered through I&E and CCG?**

This strategy encompasses comprehensive sexuality education that includes curriculum and activities that are directed solely for males (page 34) and it must be male sensitive and reflect MIP goals.

- 210. Can MIP provide services to teen fathers in order to postpone having additional children and to stay involved with the child they have?**

Yes. This describes the "Education and Support for Teen Fathers" strategy, defined on page 35 of the RFA.

- 211. In regard to the Project strategies (pages 33-38) we can choose 4, but no more than 6 strategies. Can you please provide clarification where there are sub-strategies under a number, for example on page 35 #5 has a, b and c. Do we need to do all three or these sub-parts or can just one or more be chosen?**

No, there are not a set number of sub-strategies that an applicant can propose. However, if an applicant chooses more than one (1) sub-strategy under a strategy (e.g. 5a, 5b, and 5c), it is considered only 1 strategy instead of 3 separate strategies. Therefore, if an applicant chooses sub-strategies 5a, 5b, and 5c, then they must select 3 additional strategies to satisfy the minimum requirement (2 of which must be Prevention Education and Clinical Linkages).

- 212. The Service Learning Strategy addresses youth in its description. Does this mean we can target males and females with this strategy?**

No.

- 213. On page 34 it reads, "An agency can utilize more than one subcontractor within a given strategy, however, when counting the number of strategies utilized, it is considered one strategy." Does this mean that a grantee can select a strategy, such as community awareness & mobilization and select three of its sub-strategies and it would all together only count as one strategy?**

Yes.